

CONFIDENTIAL EMPLOYEE HISTORY

EMPLOYEE NAME <u>Ammons, Paul D.</u>																						EMPLOYMENT DATE <u>7-19-83</u>						STATUS <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY			
YEARS OF SERVICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	SECURITY CLEARANCE		LEVEL		DATE GRANTED				

PAYROLL DATA

BIRTHDATE <u>7-8-64</u>		SEX <u>M</u>	SOCIAL SECURITY NO. <u>424-84-4709</u>		MARITAL STATUS <u>S</u>		NAME OF SPOUSE <u>N/A</u>		NO. OF CHILDREN <u>N/A</u>	
FEDERAL WITHHOLDING:		EXEMPTIONS CLAIMED								
		ADDITIONAL AMOUNT WITHHELD								

	DATE ELIGIBLE	DATE JOINED	DATE WITHDRAWN		INSURANCE	DATE ELIGIBLE	DATE JOINED	DATE WITHDRAWN
UNION STATUS	<u>7-19-83</u>				LIFE	<u>7-19-83</u>		
PENSION PLAN	<u>7-19-83</u>	<u>7-19-83</u>			MEDICAL - SELF	<u>7-19-83</u>	<u>7-19-83</u>	
CREDIT UNION	<u>7-19-83</u>				DEP.			
					MAJ. MED. - SELF	<u>7-19-83</u>	<u>7-19-83</u>	
					DEP.			

GENERAL INFORMATION

ADDRESS <u>3390 Browns Road</u>	CITY <u>Millbrook</u>	STATE <u>AL</u>	ZIP <u>36054</u>	PHONE <u>285-4992</u>
ADDRESS <u>Rt 1 Bx 66-K</u>	CITY <u>Wetumpka</u>	STATE <u>AL</u>	ZIP <u>36092</u>	PHONE <u>567-9675</u>
ADDRESS	CITY	STATE	ZIP	PHONE <u>567-3083</u>
ADDRESS	CITY	STATE	ZIP	PHONE <u>514-0038</u>

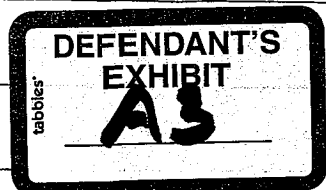
IN EMERGENCY NOTIFY <u>Jean Ammons</u>		RELATIONSHIP <u>mother</u>	CITY <u>Millbrook</u>	STATE <u>AL</u>	ZIP <u>36054</u>	PHONE <u>285-4992</u>
<u>Amy Ammons</u>		RELATIONSHIP <u>wife</u>	CITY <u>Wetumpka</u>	STATE <u>AL</u>	ZIP <u>36054</u>	PHONE <u>514-0038</u>

RELATIVES OR FRIENDS EMPLOYED BY THIS CO.	NAMES	RELATIONSHIP	NAMES	RELATIONSHIP
	<u>Maurice C. Ammons</u>	<u>Father</u>		

EDUCATION	ELEM.	<u>JHS</u>	SHS	<u>GED</u>	SPECIAL SKILLS OR TRAINING
	COLLEGE 1 2 3 4 MAJOR	<u>John Patterson Tech.</u>			

TERMINATION RECORD

<input type="checkbox"/> RESIGNATION	REASON
DATE	
<input type="checkbox"/> DISMISSAL	REASON
DATE	
<input type="checkbox"/> RECOMMENDED OR	REASON



Form 10

**CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
RECOMMENDATION FOR PERSONNEL ACTION**

Submit in Triplicate

Department/Division 4800 Fleet Management Date 12/20/04
 Name of Employee Paul D. Ammons Effective Date 12/16/04
 Social Security # 424-84-4709 Classification Auto. Mech. Weldr Job Code 5242

Item 2 requires the signature of both department heads. Items 2, 3, 4, 5, 6, 15 require approval of Personnel Director before action is official. Items 3, 4, 5, 7 must have copy of letter to employee attached. Item 8 should have copy of letter of resignation.

1. Transfer within department	()	9. Retirement	(X)
2. Transfer to another department	()	10. Separation by death	()
3. Demotion	()	11. Expiration by Temporary Appointment	()
4. Layoff	()	12. Return Leave Without Pay	()
5. Dismissal	()	13. Return from Military Leave	()
6. Leave without pay	()	14. Change of Name	()
7. Suspension	()	15. Change in Salary	()
8. Resignation	()	16. other	()

ITEMS AFFECTED BY ACTION	FROM	TO
--------------------------	------	----

Department
(items 1 & 2)

Classification & Salary
(items 1 2 3)

Dates
(items 6 & 7)

Name
(Item 14)

Amount
(Item 15)

Other
(Item 16)

Funds are available

E. David Fournier
Disbursing Officer

Date DEC 21 2004

Explanation and remarks (Give reason for any action which is not self-explanatory)

Effective December 16, 2004

(Signed) 1.

Dorothy M. Fought

Date DEC 21 2004

2.

James H. Bell

Date Dec. 20, 2004

3.

4.

Barbara M. Montoya

Date

Date

DEC 29 2004

Personnel Director

FORM 100

CITY PAYROLL DEPARTMENT

SUBMIT IN TRIPLICATE

Section A To be completed for items 1, 2, 3, 15 & 16 on Form 10 and Promotion on Form 5

Dept./Div. Number 4800 Employee's Name Paul D. AmmonsEffective Date 12/16/2004 Social Security Number: 424-84-4709CURRENT CLASSIFICATION & SALARY 5242 S09 12NEW CLASSIFICATION & SALARY INFORMATION NEW PAYROLL/DEPT# 4800NEW JOB CODE _____ NEW PAY RANGE _____ NEW STEP _____ IF APPLICABLE
REVIEW DATE FOR
NEXT INCREASE _____
(MO/DA/YR)

ITEM 15 NEW HOURLY RATE: _____ WKLY / BW _____ SCH. HOURS _____

IF ACTION INVOLVES A PAY OUT ON PAYROLL, WAS EMPLOYEE ADVANCED WORK TIME ON BI-WKLY 4/15/83
WEEKLY PAYROLL 4/8/83 OR BI-WEEKLY/WEEKLY 1985?

	no	
	YES/NO	
IF YES: HOW MANY HOURS WERE ADVANCED:	(1983)	HOURS
	(1985)	HOURS
	TOTAL	0.0 HOURS

AFTER TIME USED ON FINAL TIME SHEET, PAY REMAINING LEAVE BALANCES AS FOLLOWS:

ANNUAL LEAVE HOURS:	<u>4.8</u>
SICK LEAVE HOURS:	<u>1.4</u> (1/2 Accrued)
COMPENSATORY HOURS	<u>0.0</u>
PERSONAL LEAVE HOURS:	<u>0.0</u>
TOTAL LEAVE HOURS:	<u>6.2</u>

LAST DAY IN PAY STATUS: 12/16/2004

Section B To be completed with Forms 3,5,8,9 & 40 or Re-employment on Form 10

DEPARTMENT/DIVISION NUMBER: _____ VERIFIED SOCIAL SECURITY NUMBER _____

THE FOLLOWING PERSON HAS BEEN APPOINTED: TEMPORARY: _____ PERMANENT: _____

NAME: FIRST: _____ MI _____ LAST _____ EFFECTIVE DATE: _____
(MO/DA/YR)

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

RACE _____ SEX _____ MARITAL STATUS _____ NO. OF DEPENDENTS _____ BIRTHDAY _____

HOURLY RATE _____ JOB CODE _____ PAY RANGE _____ STEP _____ REVIEW DATE _____

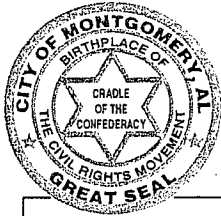
PAID:	WILL ACCRUE LEAVE:	WILL PAY RETIREMENT:
WEEKLY _____	YES _____	YES _____
BI-WEEKLY _____	NO _____	NO _____

SCHEDULED HOURS PER PAY PERIOD: _____ NON-SCHEDULED, PAID HOURS WORKED ONLY: _____

WAS EMPLOYEE PREVIOUSLY EMPLOYED BY THE CITY OF MONTGOMERY? _____ PAID WKLY OR BW _____
YES/NOIF YES: DEPT # _____ TERM. DATE _____ PREVIOUS SERVICE
MONTHS DAYS YEARS

REMARKS:

Employee #3364



City of Montgomery, Alabama

Employees' Retirement System

MEMORANDUM

TO: TERRY GADDIS, DIRECTOR
FLEET MANAGEMENT

FROM: CLAIRE KING
ADMINISTRATOR *CK*

DATE: 10/25/04

SUBJECT: EMPLOYEE RETIREMENT

This is to inform you PAUL D AMMONS, has filed the necessary application with the Employees' Retirement System for their retirement to be effective 12/17/04. The last day for active status (work time, leave time or off days) will be 12/16/04.

Form 19

Submit in Triplicate

PERSONNEL DEPARTMENT RECOMMENDATION FOR PERSONNEL ACTION

Department/Division CITY SHOP Date 10/5/2002

Name of Employee PAUL D AMMONS Effective Date 10/11/2002

Social Security # 424-84-4709 Classification AUTO MECHANIC - WELDER Job Code 5242

Item 2 requires the signature of both department heads.

Items 2, 3, 4, 5, 6, 15 require approval of Personnel Director before action is official. Items 3, 4, 5, 7 must have copy of letter to employee attached. Item 8 should have copy of letter of resignation.

- | | | | |
|---|-----|--|-------|
| 1. Transfer within department | () | 9. Retirement | () |
| 2. Transfer to another department | () | 10. Separation by death | () |
| 3. Demotion | () | 11. Expiration by Temporary Appointment..... | () |
| 4. Layoff | () | 12. Return Leave Without Pay..... | () |
| 5. Dismissal | () | 13. Return from Military Leave..... | () |
| 6. Leave without pay | () | 14. Change of Name | () |
| 7. Suspension | () | 15. Change in Salary | (x) |
| 8. Resignation | () | 16. Change in Title | () |

ITEMS AFFECTED BY ACTION	FROM	TO																					
Department (Items 1 & 2)																							
Classification & Salary (Items 1, 2, 3)																							
Dates (Items 6 & 7)																							
Name (Item 14)																							
Amount (Item 15)	<table border="1"> <tr> <td>Pos/Grade/Step</td> <td>5242</td> <td>310</td> <td>8</td> </tr> <tr> <td>Hrly/BW</td> <td>16.1420</td> <td>1,291.36</td> <td></td> </tr> <tr> <td>Annual</td> <td>33,575.36</td> <td></td> <td></td> </tr> </table>	Pos/Grade/Step	5242	310	8	Hrly/BW	16.1420	1,291.36		Annual	33,575.36			<table border="1"> <tr> <td>5242</td> <td>S09</td> <td>10</td> </tr> <tr> <td>16.6495</td> <td>1,331.96</td> <td></td> </tr> <tr> <td>34,631.00</td> <td></td> <td></td> </tr> </table>	5242	S09	10	16.6495	1,331.96		34,631.00		
Pos/Grade/Step	5242	310	8																				
Hrly/BW	16.1420	1,291.36																					
Annual	33,575.36																						
5242	S09	10																					
16.6495	1,331.96																						
34,631.00																							
Other (Item 16)																							

Funds are available *E. David Fawcett* Date OCT - 9 2002
Disbursing Officer

Explanation and remarks (Give reason for any action which is not self-explanatory)

Employee warrants 1 step merit increase per rule 4 of new Pay Plan.

Reinstated Merit Rate to 7-19-83 Jrs

(Signed) 1. *J. A. [Signature]* Date OCT - 9 2002
Appointing Authority

2. *Anthony G. Gaddis* Date OCT 5, 2002

3. *Barbara M. Montoya* Date _____

4. _____ Date OCT 16 2002
Personnel Director

FORM 100

CITY PAYROLL DEPARTMENT

SUBMIT IN TRIPLICATE

Section A To be completed for items 1, 2, 3, 15 & 16 on Form 10 and Promotion on Form 5

Dept./Div. Number 4800/711 Employee's Name PAUL D AMMONSEffective Date 10/11/2002 Social Security Number: 424-84-4709CURRENT CLASSIFICATION & SALARY 5242 310 8

NEW CLASSIFICATION & SALARY INFORMATION

NEW PAYROLL/DEPT#

NEW JOB CODE 5242 NEW PAY RANGE S09 NEW STEP 10IF APPLICABLE
REVIEW DATE
FOR NEXT
INCREASE7/2/03
(MO/DAY/YR)03 P'
7-19-03 JH
11-18-02ITEM 15 NEW HOURLY RATE: 16.6495 WKLY / BW 1,331.96 SCH. HOURSIF ACTION INVOLVES A PAY OUT ON PAYROLL, WAS EMPLOYEE ADVANCED WORK TIME ON BI-WKLY 4/15/83
WEEKLY PAYROLL 4/8/83 OR BI-WEEKLY/WEEKLY 1985?IF YES: HOW MANY HOURS WERE ADVANCED: (1983) YES/NO HOURS
(1985) YES/NO HOURS
TOTAL 0.0 HOURS

AFTER TIME USED ON FINAL TIME SHEET, PAY REMAINING LEAVE BALANCES AS FOLLOWS:

ANNUAL LEAVE HOURS: SICK LEAVE HOURS: (1/2 Accrued)COMPENSATORY HOURS PERSONAL LEAVE HOURS: TOTAL LEAVE HOURS: 0.0LAST DAY IN PAY STATUS:

Section B To be completed with Forms 3,5,8,9 & 40 or Re-employment on Form 10

DEPARTMENT/DIVISION NUMBER: VERIFIED SOCIAL SECURITY NUMBER THE FOLLOWING PERSON HAS BEEN APPOINTED TEMPORARY: PERMANENT: NAME: FIRST: MI: LAST: EFFECTIVE DATE:
(MO/DAY/YR)STREET ADDRESS CITY STATE ZIP PHONE NUMBER RACE SEX MARITAL STATUS NO. OF DEPENDENTS BIRTHDAY HOURLY RATE JOB CODE PAY RANGE STEP REVIEW DATE PAID: WEEKLY WILL ACCRUE LEAVE: YES NO WILL PAY RETIREMENT: YES NO
BI-WEEKLY SCHEDULED HOURS PER PAY PERIOD: NON-SCHEDULED, PAID HOURS WORKED ONLY: WAS EMPLOYEE PREVIOUSLY EMPLOYED BY THE CITY OF MONTGOMERY? PAID WKLY OR BW
YES/NOIF YES: DEPT # TERM. DATE PREVIOUS SERVICE
MONTHS DAYS YEARS

REMARKS:

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REVISED 5-03-02 PYR/RW

FORM 10

Submit in Triplicate

CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
RECOMMENDATION FOR PERSONNEL ACTION

Department/Division City Shops /4800 Date 11 Nov 93Name of Employee Paul D. Ammons Effective Date 19 Nov 93Classification Auto Mechanic-Welder Job Code 5242

Item 2 requires the signature of both department heads.

Items 2, 3, 4, 5, 6, 15 require approval of Personnel Director before action is official. Items 3, 4, 5, 7 must have copy of letter to employee attached. Item 8 should have copy of letter of resignation.

- | | |
|---|--|
| 1. Transfer within department. () | 9. Retirement () |
| 2. Transfer to another department () | 10. Separation by death () |
| 3. Demotion () | 11. Expiration of Temp. Apt. () |
| 4. Layoff () | 12. Return LWOP () |
| 5. Dismissal () | 13. Return from Military Lv () |
| 6. Leave without Pay. () | 14. Change in Name () |
| 7. Suspension () | 15. Change in Salary KX () |
| 8. Resignation () | 16. |

ITEMS AFFECTED BY ACTION

FROM

TO

Department
(Items 1 & 2)Classification & Salary
(Items 1, 2, 3)Dates
(Items 6 & 7)Name
(Item 14)

Amount	\$27,630	\$28,625
(Item 15)	\$1,062.70 (13.2837)	\$1,100.98 (13.7622)

Other
(Item 16)

If Action is Resignation or Layoff, is Reemployment Recommended? Yes () No ()

Funds are available

Rugh Samuel Austin
Disbursing Officer

Date NOV 12 1993

Explanation and remarks (Give reason for any action which is not self-explanatory)

(Signed) 1. *Emily Z...* Date NOV 15 1993

Appointing Authority

2. *Donald R. Hayes* Date 11 Nov 93

3. _____ Date _____

4. *William M. Montague* Date NOV 17 1993

Personnel Director

FORM 100
Revised 3/1/84

CITY AND COUNTY OF MONTGOMERY

PERSONNEL DEPARTMENT

SUBMIT IN TRIPLICATE
WITH FORM 10

SECTION A

(ITEM 16) If action is re-employment, downgrade (B/W to Wkly), upgrade (Wkly to B/W), or temporary to permanent status, complete Section B instead of Section A.

DEPT/DIV NO. City Shops/4800 EMPLOYEE'S NAME Paul D. Ammons
EFFECTIVE DATE Nov / 19 / 93 (MO/DA/YR) SOCIAL SECURITY NO. 424 / 84 / 4709
CURRENT CLASSIFICATION & SALARY (ITEMS 1, 2, & 3) JOB CODE 5242 PAY RANGE 310 STEP 7(ITEM 15) NEW HOURLY RATE \$ 13.7622 REVIEW DATE FOR NEXT PAY INCREASE / /
MO DA YR

(ITEM 3, 16 on FORM 10, PROMOTION on FORM 5)

NEW JOB CODE NEW PAY RANGE NEW STEP REVIEW DATE FOR NEXT PAY INCREASE / / MO/DA/YR

IF ACTION IS INVOLVING A PAY OUT ON PAYROLL:

Was employee advanced work time on 4/15/83 B/W or 4/8/83 Wkly Payroll? YES () NO ()

If YES: How many hours were advanced: HrsAfter time used on final time sheet, pay remaining leave balance as follows: ANNUAL LEAVE HOURS: SICK LEAVE HOURS: (1/2 ACCRUED)COMPENSATORY HOURS: TOTAL LEAVE HOURS: LAST DAY IN PAY STATUS / / (MO/DA/YR)

SECTION B

SUBMIT IN TRIPLICATE WITH FORMS 3, 5, 8, 9, & 40

DEPT/DIV NO. VERIFIED SOCIAL SECURITY NO. / /

The following person has been appointed: TEMPORARY () PERMANENT ()

NAME: EFFECTIVE DATE: / /
First M.I. Last MO DA YRSTREET ADDRESS: CITY STATE ZIP CODE RACE SEX MARITAL STATUS NO. DEPENDENTS BIRTHDATE / /
MO DA YRHourly Rate \$ Job Code Pay Range Step Review Date for next
Pay Increase / / (MO/DA/YR)

PAID: Wkly () B/W () Will Accrue Leave: Yes () No () Will pay Retirement: Yes () No ()

Scheduled Hours per Pay Period: Non-scheduled, pay hours worked only:
Yes () No ()

Was Employee previously employed by the City of Montgomery: Yes () No ()

If Yes: / Was paid: Wkly () B/W ()
Department Date Terminated

REMARKS:

CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
P.O. BOX 1111
MONTGOMERY, ALABAMA 36101-1111

PERSONNEL BOARD
MR. JOHN J. HOGG, JR., CHAIRMAN
MR. C. LAMAR CHAMPION
MR. EDWARD F. CROWELL

BARBARA M. MONTOYA
PERSONNEL DIRECTOR
KAREN B. CASON
ASSISTANT PERSONNEL DIRECTOR
TELEPHONE: 205-241-2875
FAX: 205-241-2218

November 9, 1993


Mayor Emory Folmar
City Hall
103 N. Perry Street
Montgomery, Alabama

Dear Mayor Folmar:

The Personnel Board asked me to advise you that they approved your request to adjust the salary range for Auto Mechanic-Welder (5242) from \$21,670/\$27,630 to \$21,670/\$28,625.

If I can be of further assistance, please let me know.

Yours truly,


Barbara M. Montoya
Personnel Director

cc: Mr. Jim Buckalew
Mr. Don Hayes

✓

CITY SHOPS DEPARTMENT
CITY OF MONTGOMERY
WRITTEN REPRIMAND

TO: Mr. Paul D. Ammons #364

FROM: William D. Bass, Foreman
Heavy Equipment Division
City Shops Department

DATE: 18 April 2002

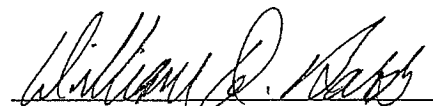
SUBJECT: LETTER OF REPRIMAND

Mr. Paul D. Ammons, Employee No. 364, is being given a written Letter of Reprimand for failure to clock out when he left work 17 April 2002. Mr. Ammons clocked in to begin his regular shift, but failed to clock out at the end of his shift, which was 1800 hours.

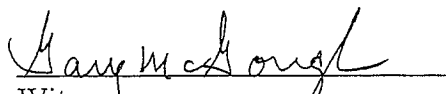
Failure to clock in or out is a violation of Operating Instruction 08 Paragraph 6.

Personnel who receive three (3) letters of reprimand in one or a combination of any of the violations in Operating Instruction 08 in a one hundred eighty (180) day period will receive a three (3) day suspension without pay. This is Mr. Ammons' first violation in this one hundred eighty (180) day period. The expiration date for the period of time covered in this letter is 13 October 2002.

THIS LETTER HAS BEEN READ TO MR. AMMONS .


William D. Bass, Foreman


Employee Signature


Witness

CITY SHOPS DEPARTMENT

04/18/2002

7:28

Page: 47

Employee Time Card Report

Employee: 364 AMMONS PAUL

Department: Heavy Equipment

Work rule: 0700-1600-99

From: 04/12/2002

To: 04/25/2002

No clock out

Date	Day	Type	Act. Entry	Act. Exit	Total Time	Miss. Time	Reg.	Prm 1	Prm 2	OT1	OT2	Pay Abs.	Late Entry	Early Exit	Adj. Time	All Excp.	Man Edit
04/12	Fri	Regular	9.23	17.55	8.32		8.32										
04/13	Sat	Weekend	6.53	14.03	7.15		7.15						2.23				Late entry
04/14	Sun	Weekend															Early entry
04/15	Mon	Regular	9.23	17.55	8.32		8.32										
04/16	Tue	Regular	9.23	17.55	8.32		8.32						2.23				Late entry
04/17	Wed	Regular	9.23			8.00							2.23				Late entry
04/18	Thu	Regular	5.23			8.00											Missing
																	Missing

Time classes:

Tot. Reg. 32.51
 Tot. Prm1
 Tot. Prm2
 Tot. OT1
 Tot. OT2 #1

Tot. Sick
 Tot. Vac.
 Tot. Hol.
 Tot. Berv.
 Tot. Oth. 10/13

Pay categories:

PTot. 100% 32.00
 PTot. OT1 1.23
 PTot. OT2
 PTot. Abs.

Exceptions:

Late Entry 3
 Early Exit 1
 Sched Days 7
 Miss. Time 7.09

Total Late 7.09
 Total Early
 Act. Days 4

Employee: _____

Supervisor: _____

CITY SHOPS DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul Ammons #364

FROM: Terry H. Gaddis, Director
City Shops Department

SUBJECT: Written Letter of Reprimand

DATE: November 3, 1997

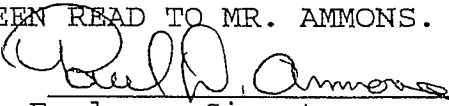
Mr. Paul Ammons, Employee Number 364, is being given a Written Reprimand for clocking out at the end of his shift on October 31, 1997 using the badge of another employee.


Operating Instruction No. 08 Paragraph 2 states that each individual is responsible for punching the time clock and it is not permissible for any person to clock in or out with a time card other than his own.

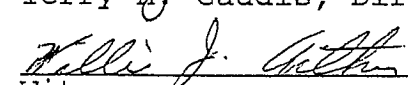
Mr. Ammons shift time ended at 1530 hours and he clocked out at 1525 hours using Badge Number 362.

You are hereby reminded that receiving three (3) reprimands in a 180-day period for any violations in Paragraph 8 will result in a three-day suspension without pay. This is your first reprimand in this 180-day period. This 180-day period will end May 2, 1998.

THIS LETTER OF REPRIMAND HAS BEEN READ TO MR. AMMONS.


Employee Signature


Terry H. Gaddis, Director


Witness

GROUP: 0630-1530-99
EMP : VANDERGRIFF, W ✓

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
10/31/97	6:23	15:25	6:23	15:25	9:02	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					9:02	0:00	0:00	0:00	0:00	0:00

=====

BADGE: 362
GROUP: 0700-1530-99
EMP : BARNES, J ✓

clocked out @ 1555 by Badge No. 361.

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
10/31/97	6:54	15:25	6:54	15:25						
	15:55		15:55	15:55M	8:31	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					8:31	0:00	0:00	0:00	0:00	0:00

=====

BADGE: 364
GROUP: 0700-1600-99
EMP : AMMONS, P ✓

CITY SHOPS DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul D. Ammons #364

FROM: Terry H. Gaddis, Director
City Shops Department

DATE: 19²⁴ September 1996


SUBJECT: LETTER OF REPRIMAND

Mr. Paul Ammons is being given a Written Reprimand for his failure to clock in on time at the beginning of his shift on 30 August 1996. Mr. Ammons clocked in at 0631 hours on the morning of 30 August. Mr. Ammons shift begins at 0630 hours.

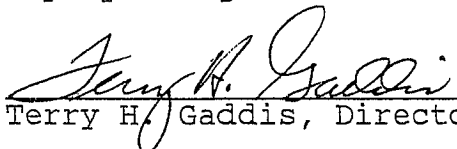
Failure to clock in at the time your shift begins or no earlier than seven (7) minutes prior to shift time is a violation of Operating Instruction No. 08 Paragraph 4, which states in part, "A person clocking in after his scheduled shift start time is considered "late", even if it is just one minute".

You are hereby reprimanded for your actions, and are reminded that receiving three (3) reprimands in a 180-day period for any violations in Paragraph 8 will result in a three-day suspension without pay. This is your first reprimand in the 180-day period, which will end February 26, 1997.

THIS REPRIMAND HAS BEEN READ TO MR. AMMONS.


Employee Signature


WITNESS


Terry H. Gaddis, Director

BADGE: 328

GROUP: 0630--1500--99

EMP : MCCALL, W ✓

09/02/96 HOLIDAY

8:00 0:00 0:00 0:00 0:00 0:00

PERIOD TOTALS

16:32 0:00 0:00 0:00 0:00 0:00

BADGE: 364

GROUP: 0700-1600-99

EMP : AMMONS, P

, 1 (10)

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
08/30/96	6:31	14:55	6:31	14:55	8:24	0:00	0:00	0:00	0:00	0:00
09/02/96	HOLIDAY				8:00	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					16:24	0:00	0:00	0:00	0:00	0:00

BADGE: 365

GROUP: 0630-1530-02

EMP : POWELL, J ✓

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
08/30/96	6:25	15:25	6:25	15:25	9:00	0:00	0:00	0:00	0:00	0:00
09/02/96	HOLIDAY				8:00	0:00	0:00	0:00	0:00	0:00
PERIOD TOTALS					17:00	0:00	0:00	0:00	0:00	0:00

BADGE: 366

GROUP: 0630-1530-02

EMP : THORNTON, W ✓

DATE	CLOCK IN	CLOCK OUT	ROUND IN	ROUND OUT	REG	OT1	OT2	OT3	ST1	ST2
08/30/96	6:25	15:25	6:25	15:25	9:00	0:00	0:00	0:00	0:00	0:00

09/02/96 HOLIDAY

8:00 0:00 0:00 0:00 0:00 0:00

Received
10/26/95
js

MEMORANDUM

TO : Mr. Terry Gaddis, Garage & Shop Director
FROM : Chief John H. Wilson
DATE : October 26, 1995
SUBJECT: COMMENDATION.

I received the attached memo from Captain Coker thanking you and your personnel for assisting them in building the water tank to test fire weapons.

I appreciate this cooperation and ask that you pass our thanks on to your personnel, and place a copy of this commendation in their personnel files, to let them know we appreciate their efforts.

Attchm:

1st Ind

30 October 1995

TO: Mr. William D. Bass
Mr. Paul D. Ammons
Mr. Maynard L. James
Mr. Kenneth R. Moseley
Mr. Jerry W. Sims

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

I, also, want to express my thanks to each of you for your professional efforts in fabricating this equipment for the Police Department. Your ingenuity and hard work not only saved the City \$3,500.00, but will help the Police lab technicians solve crime cases.

I am proud to be associated with personnel of your calibre. Keep up the outstanding job!

cc: Individuals/Personnel Folders

/mbs

MEMORANDUM

TO : CAPTAIN M. H. COKER *MC*
FROM : LIEUTENANT C. E. MILLER
DATE : 10-25-95
SUBJECT : WATER TANK TO TEST FIRE WEAPONS

Recently the Department of Forensic Sciences has gone on line with the new DRUG-FIRE computer. With this they can enter the characteristics of fired cartridge casings into this computer to store it and it will automatically search its data bank for others that have been entered with the same characteristics. This way if a casing was found at a murder scene in Mobile AL. and the same weapon was used in Montgomery and the casing entered in the computer we would get a hit on it. Soon they hope to enter bullets in the computer also. This is like an AFIS computer except for ballistics.

Due to this technology they have asked us to fire as many weapons as we can before we give the weapons back to the owners and submit the bullets and casings to them so they can search the data bank and see if the weapon has been used in a crime and so they can store it in case it's used in a crime in the future.

This posed a serious problem for us because the only way we had to fire the weapons was into our firing tube (filled with cotton) and then to feel around and search until we located the bullet. This could take as long as 20 minutes per weapon. While at the IAI conference I talked with Officers from other agencies and found out that they are now using water to shoot into. They buy a water tank with a basket in the bottom and fire the weapon into the water and pull up the basket and get a completely intact bullet and casing. I priced these tanks and found out the can cost upwards of \$3500.00. I talked with Mr. Gaddis at the garage and explained this to him and we got together on the specifics of what we would need and they made us a water tank and catch basket.

The reason for this memo is that I would like for Mr. Gaddis and the persons responsible for making this tank to know how much we appreciate it. What would have taken us 20 minutes, now takes 20 seconds. It also saved the city from having to eventually purchase a tank. The one they made works great and we are already using it.

LTCE Miller

File

M E M O R A N D U M

TO: Paul D. Ammons

FROM: Terry H. Gaddis, Director
City Shops Department *THG*

THRU: Eugene Knox, Jr., Asst Director
City Shops Department *EK*

DATE: 28 September 1995

SUBJECT: Letter of Counseling

This record will confirm the counseling session held on 28 September 1995.

Since January 1995, you have called in to notify the Department that you would be late to work or absent from work a total of 39 times. You have also been absent from work for various reasons a total of 53 times. 15 were scheduled and 38 were unscheduled for a total of 304.5 hours.

You were made aware that your absenteeism is considered to be excessive as compared to the general population of other employees in this Department and is affecting the capability of your Division to accomplish its daily mission. When you are absent, unscheduled, someone else has to perform your duties and many times, work has to be delayed and rescheduled. This has a negative impact on our production effort and causes unnecessary hardships on your supervisor, co-workers and the Department.

We have been very lenient and understanding of your past absenteeisms and you know that if a true emergency arises, we will grant your request for leave. You are also aware that we encourage you to take scheduled time off from work to relax and enjoy whatever you like to do and we realize that from time to time you require time off for medical/dental appointments. All of this is part of the benefits you have earned and all we ask is that you don't abuse your benefits.

You are reminded that you have a big responsibility to be present for work, on time, everyday, unless there is a true emergency.

This Department prides itself on accomplishing an enormous amount of quality work with a limited number of personnel, but we cannot continue to make this happen without you being present for work.

I strongly suggest that you take immediate action to correct your absenteeism and be a more dependable employee. Your job is important not only to you, but us and we need you present for work!


Employee's Signature


Supervisor's Signature

M E M O R A N D U M

To: Paul D. Ammons
Memorandum-for-Record

From: Eugene Knox, Jr. *EK*
Assistant Director, City Shops

Date: 03 October 1991

Subject: Absenteeism

This will confirm the verbal counsel session held in my office on 03 October 1991.

You were made aware that your absentee record was above average for the period between 10-01-90 through 09-30-91.

During this period, you were absent from duty a total of forty-seven (47) separate occasions, 23 were scheduled and 24 were unscheduled. A total of 343.0 hours. You stated to me that you would take corrective action to change this pattern.

cc: Personnel File

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D


TO: Mr. Paul D. Ammons #364
FROM: Mr. Donald R. Hayes, Director
Garage Department
DATE: 29 October 90
SUBJECT: WRITTEN REPRIMAND

Mr. Paul D. Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Para. 6. which states " Neglect or failure to clock in or out is considered a violation". Mr. Ammons failed to clock out on 26 October 1990.

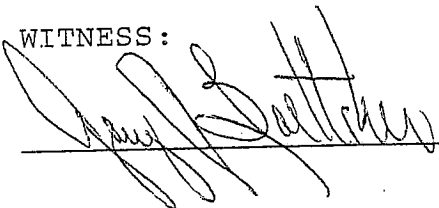
Mr. Ammons scheduled shift time is 0930 hours to 1800 hours.

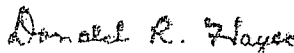
THIS IS MR. AMMONS SECOND VIOLATION OF THIS OPERATING INSTRUCTION WITHIN 180 DAYS. THE 180-DAY PERIOD FOR THIS VIOLATION WILL END 24 APRIL 1991.

This Reprimand has been read to Mr. Ammons.


Employee Signature

WITNESS:




Donald R. Hayes, Director

MO-DA	IN	OUT	IN	OUT	IN	OUT	IN	OUT	TOTALS	III	IV
10-26	08:23										

364 AMMONS, PAUL D.
0930 TO 1800 HRS.
SS 424-84-4709
PERIOD END 08 NOV 1990

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul Ammons #364
FROM: Mr. Donald R. Hayes, Director
Garage Department
DATE: 20 June 1990
SUBJECT: WRITTEN REPRIMAND

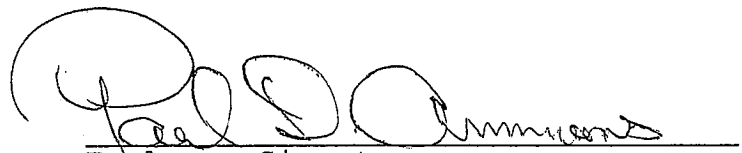
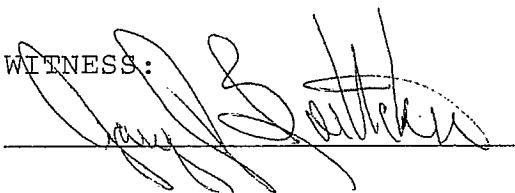
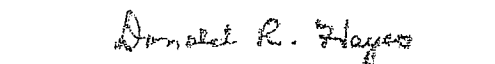
Mr. Paul Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Para. 6 - "Neglect or failure to clock in or out is considered a violation."

Mr. Ammons failed to clock in on 19 June 1990.

THIS IS MR. AMMONS' SECOND VIOLATION OF THIS OPERATING INSTRUCTION WITHIN 180 DAYS. THE 180-DAY PERIOD FOR THIS VIOLATION WILL END 17 DECEMBER 1990.

This Reprimand has been read to Mr. Ammons.

WITNESS:


Employee Signature
Donald R. Hayes, Director

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul Ammons #364

FROM: Mr. Gary G. Boettcher, Assistant Director
Garage Department

DATE: 17 April 1990

SUBJECT: WRITTEN REPRIMAND

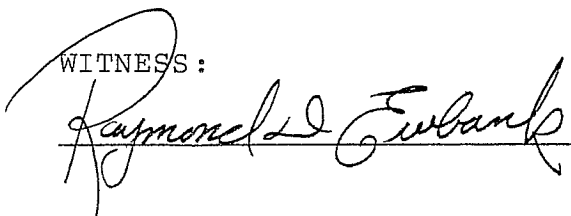
Mr. Paul Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Par. 4 - "A person clocking in after their scheduled shift start time is considered 'late' even if it's just one minute."

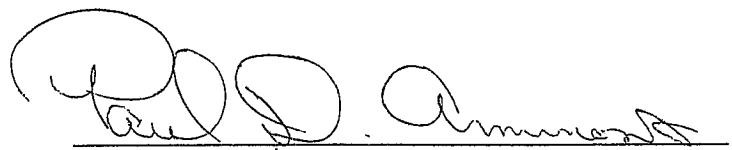
Mr. Ammons failed to call to report he was going to be late on 16 April 1990.

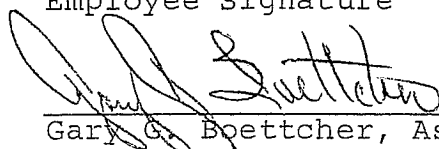
This is Mr. Ammons' first (1st) violation of this operating instruction. The 180 day period for this violation will end on 13 October 1990.

This Reprimand has been read to Mr. Ammons.

WITNESS:


Raymond E. Eubank


Employee Signature


Gary G. Boettcher, Asst. Director

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

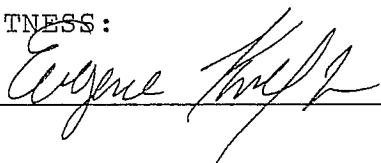
TO: Mr. Paul D. Ammons #364
FROM: Mr. Donald R. Hayes, Director
Garage Department
DATE: 20 December 1988
SUBJECT: WRITTEN REPRIMAND


Mr. Paul D. Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Par. 4 - "A person clocking in after their scheduled shift start is considered 'late' even if it's just one minute." Mr. Ammons clocked in at 0703 on 20 December 1988. His scheduled shift start time is 0700 hours.

THIS IS MR. AMMONS' SECOND (2ND) REPRIMAND FOR VIOLATION OF OPERATING INSTRUCTION NO. 8 WITHIN AN 180-DAY PERIOD!

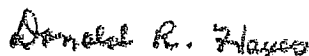
This reprimand has been read to Mr. Ammons.

WITNESS:





Employee Signature



Donald R. Hayes, Director

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul D. Ammons #364

FROM: Mr. William H. Jones, Assistant Director
Garage Department


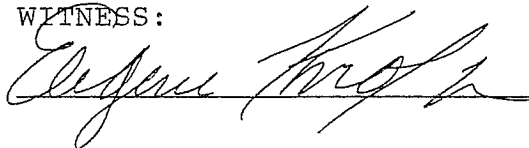
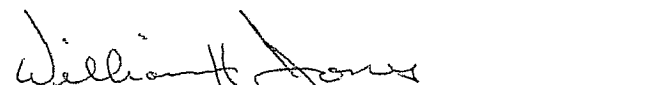
DATE: 26 September 1988

SUBJECT: WRITTEN REPRIMAND

Mr. Paul D. Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Par. 4 - "A person clocking in after their scheduled shift start is considered "late" even if it's just one minute." Mr. Ammons clocked in at 0811 on 26 September 1988. His scheduled shift start time is 0700 hours.

This reprimand has been read to Mr. Ammons.

WITNESS:


Employee Signature
William H. Jones, Asst. Director

GARAGE DEPARTMENT

CITY OF MONTGOMERY

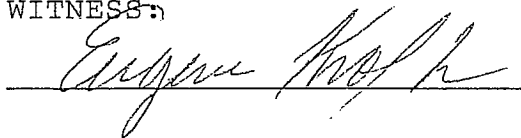
W R I T T E N R E P R I M A N D


TO: Mr. Paul D. Ammons #364
FROM: Mr. Donald R. Hayes, Director
Garage Department
DATE: 19 January 1988
SUBJECT: WRITTEN REPRIMAND

Mr. Paul D. Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department, Operating Instruction No. 8 - TIME ACCOUNTING CARD Par. 4 - A person clocking in after their scheduled shift start time is considered "late" even if it's just one minute. Mr. Ammons clocked in at 0631 hours on 18 January 1988. His scheduled shift start time as reflected on the attached Holiday schedule was 0630 hours. Mr. Ammons initialed this Holiday schedule acknowledging his understanding and compliance. Further, Mr. Ammons did not call the Control Center to state he would be late.

This reprimand has been read to Mr. Ammons.

WITNESS:




Employee Signature


Donald R. Hayes, Director

GARAGE DEPARTMENT

CITY OF MONTGOMERY

W R I T T E N R E P R I M A N D

TO: Mr. Paul D. Ammons #364
FROM: Mr. Donald R. Hayes, Director
DATE: 13 November 1986
SUBJECT: WRITTEN REPRIMAND

Mr. Paul D. Ammons is being given a Written Reprimand for the following violation of the Rules, Regulations or Policies of the Garage Department: You have failed to comply with Operating Instruction #8 (4); Subject: A person clocking in after their scheduled shift start time is considered "late" even if it's just one minute. Mr. Ammons' shift starting time is 0930. On 11/12/86, Mr. Ammons clocked in at 0932 and failed to call the Control Room to state that he would be late.

This reprimand has been read to Mr. Paul D. Ammons.

WITNESS:

Eugene K. [Signature]

Paul D. Ammons
Employee Signature

Donald R. Hayes
Donald R. Hayes, Director

M E M O R A N D U M

To: Mr. Paul D. Ammons
Memorandum-for-Record

From: Mr. Eugene Knox, Jr. *EK*
Garage Foreman

Date: 18 July 1986

Subject: Absenteeism

This will confirm the verbal counsel session held in my office on 18 July 1986.

You were made aware that your absentee record was above average for the period between 10-01-85 through 07-18-86.

During this period, you were absent from duty a total of 173.5 hours. In twenty (20) separate occasions, six (6) were scheduled and fourteen (14) were unscheduled. You stated to me that you would take corrective action to change this pattern.

/cmg


copy: Personnel File

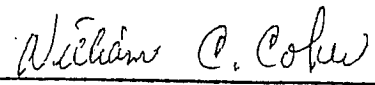
GARAGE DEPARTMENT
CITY OF MONTGOMERY
WRITTEN REPRIMAND

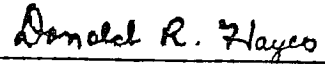
TO: Mr. Paul D. Ammons
FROM: Donald R. Hayes, Director
DATE: 11 September 1985
SUBJECT: WRITTEN REPRIMAND

Mr. Paul D. Ammons HAS BEEN GIVEN A WRITTEN REPRIMAND FOR
THE FOLLOWING VIOLATION OF THE RULES, REGULATIONS OR POLICIES OF THE GARAGE DEPART-
MENT: Operating Instruction No. 8 (3); Personnel may clock out no earlier than
5 minutes prior to the end of their shift. Mr. Ammons' shift ends at 18:00. On
10 September 85 he clocked out at 17:54, which is 6 minutes before his shift ending
time.

THIS IS MR. AMMONS' SECOND VIOLATION WITHIN AN 180 DAY PERIOD.

THIS REPRIMAND HAS BEEN READ TO Mr. Paul D. Ammons

EMPLOYEE


WITNESS


DONALD R. HAYES, DIRECTOR

GARAGE DEPARTMENT
CITY OF MONTGOMERY
WRITTEN REPRIMAND

TO: MR. PAUL D. AMMONS #364
FROM: DONALD R. HAYES, DIRECTOR
DATE: 28 MAY 1985
SUBJECT: WRITTEN REPRIMAND

MR. PAUL D. AMMONS HAS BEEN GIVEN A WRITTEN REPRIMAND FOR
THE FOLLOWING VIOLATION OF THE RULES, REGULATIONS OR POLICIES OF THE GARAGE DEPART-
MENT: OPERATING INSTRUCTION NO. 8 (6) - NEGLECT TO CLOCK IN OR OUT, MR. AMMONS
FAILED TO CLOCK IN ON 27 MAY 1985.

THIS REPRIMAND HAS BEEN READ TO MR. PAUL D. AMMONS

Paul D. Ammons

EMPLOYEE

Eugene Hayes
WITNESS

Donald R. Hayes
DONALD R. HAYES, DIRECTOR



MEMORANDUM

TO: Mr. Paul Ammons

FROM: Mr. Terry H. Gaddis, Director
City Shops Department

DATE: 15 May 2002

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21 – Care and Maintenance of Department vehicles.

The following vehicles and welder(s), 4800-2075 and 4800-042, are being assigned to you as primary provider for care and maintenance, effective 15 May 2002. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal, knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should, during the course of a follow-up inspection by the Director, Assistant Director or Foreman, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.


Additionally, a checklist is available in the Vehicle Administration Office, which will be used during your inspection. This checklist will be turned-in to your Foreman upon completion of your inspection/work. After the Foreman's review, he will forward the checklist to the Assistant Director for his review prior to filing by the clerk. If discrepancies are found during your inspection, the Foreman will forward a copy of the checklist to the Production Controller so a repair order can be initiated to make repairs. The day of the week you make your inspection is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean – use it.

The Foreman of your Division will randomly inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards.

cc: Mr. Derek Bass, Foreman
Heavy Equipment Division

M E M O R A N D U M

TO: Mr. Paul D. Ammons #364

FROM: Mr. Terry H. Gaddis, Director 
City Shops Department

DATE: 23 December 1998

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21--Care and Maintenance of Department vehicles.

The following Vehicle(s), 4800-042 and 2075, are being assigned to you as primary provider for care and maintenance, effective 23 December 1998. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should, during the course of a follow-up inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.

Additionally, a checklist is available in the Administration Office, which will be used during your inspection. This checklist will be turned-in either to the Director or Assistant Director upon completion of your inspection/work. Day of the week is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean --use it.

The Foreman of your Division will also inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards, and let's set a goal to ensure our City Shops vehicles "OUTSHINE" all other Departments!

cc: Mr. William D. Bass, Foreman
Heavy Equipment Division

M E M O R A N D U M

TO: Mr. Paul D. Ammons #364

FROM: Mr. Terry H. Gaddis, Director *THG*
City Shops Department

DATE: 21 March 1994

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21-- Care and Maintenance of Department vehicles.

The following Vehicle, 4800-2075 and equipment 4800-042 are being assigned to you effective 21 March 1994, for care and maintenance. The unit(s) assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, tire pressure, wiper blades, upholstery, exterior and interior cleanliness, lights, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should during the course of a follow-up inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held peculiarly liable for the cost to repair or replace the items. Therefore, it is in your best interest to carefully inspect the vehicle/unit assigned to you and have any discrepancy repaired.

Additionally, a checklist is available in the Administration Office, which will be used during your inspection. This checklist will be turned-in either to the Director or Assistant Director upon completion of your inspection/work. Day of the week is an individual choice; however, if you are not the primary operator of the vehicle, coordinate the time and availability with the primary operator. A vacuum cleaner is available outside the paint booth for keeping the interior of the vehicle clean -- use it.

The Foreman of your Division will also inspect this vehicle to ensure compliance. Our vehicles are very expensive and essential for accomplishing the mission of our Department, so take the pride and responsibility in maintaining your assigned vehicle to the highest standards, and let's set a goal to ensure our City Shops vehicles "OUTSHINE" all other Departments!

cc: Mr. Willie J. Arthur, Foreman
Heavy Equipment Division

/mb1

M E M O R A N D U M

TO: Mr. Paul Ammons #364

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 25 January 1989

SUBJECT: Assigned Vehicle/Unit(s)

This letter is in compliance with Operating Instruction No. 21 - Care and Maintenance of Garage Department vehicles.

The following vehicle/units 4800-042/711 is being assigned to you effective 25 January 1989 for care and maintenance. The unit assigned to you will be inspected once a week to determine compliance with the Operating Instructions. Items such as gear shift knobs, turn signal knobs, wiper blades, upholstery, interior cleanliness, etc., will be of particular importance, as are the other requirements in the Operating Instruction.

Should during the course of an inspection by the Director or Assistant Director, it is found that items are missing, broken, not functioning, or in a state of neglect, you will be held pecuniarily liable for the cost to repair or replace the items. Therefore, it behooves you to inspect the vehicle/unit assigned to you and have any discrepancy repaired.

In addition, a checklist is available in the Administration Office which shall be complied with at least weekly. This checklist will be turned-in either to the Director or Assistant Director on a weekly basis. Day of the week is an individual choice. A vacuum cleaner is available in the Tool Room for keeping the interior of the vehicle clean. You are strongly encouraged to use it.

The Foreman of your Division is also herewith instructed to inspect this vehicle/unit to ensure compliance. Should repeat discrepancies occur, necessary administrative action shall be taken.

cc: Mr. Eugene Knox, Foreman

MEMORANDUM

TO: Payroll Clerk, Garage Department

DATE: 7 October 2004

SUBJECT: Overtime Designation

In accordance with Personnel Rule VIII, Section 2 and 3, dealing with Overtime and Legal Holidays – Exerpt from Section 2, (a) (3), as follows: “The employee has the sole option, by stating in writing, prior to the time that overtime work is performed, of either accepting overtime pay or compensatory time.”

Therefore, in lieu of the above, I understand that I have the option to either accept overtime pay or compensatory time, as I have designated by the placement of my signature on the appropriate line below.

Paul Ammons
(Type Employee's Last Name)

364
Employee No.

In accordance with personnel Rule VIII, I elect to receive pay for any overtime hours worked.

Paul D. Ammons
Employee's Full Signature

In accordance with personnel Rule VIII, I elect to credit any overtime hours worked to Compensatory Leave.

[Signature]
Employee's Full Signature

NOTE: I may elect to change my option at any future date by presenting a new letter reflecting my decision. All letters will remain in effect until changed by the employee.

M E M O R A N D U M

TO: Payroll Clerk, Garage Department
DATE: 07 June 1991
SUBJECT: Overtime Designation

In accordance with Personnel Rule VIII, Section 2 and 3, dealing with Overtime and Legal Holidays -- Exerpt from Section 2, (a) (3), as follows: "The employee has the sole option, by stating in writing, prior to the time that overtime work is performed, of either accepting overtime pay or compensatory time."

Therefore, in lieu of the above, I understand that I have the option to either accept overtime pay or compensatory time, as I have designated by the placement of my signature on the appropriate line below.

AMMONS
(TYPE EMPLOYEE'S LAST NAME)

364
EMPLOYEE NO.

In accordance with Personnel Rule VIII, I elect to receive pay for any overtime hours worked.


Employee's Full Signature

In accordance with Personnel Rule VIII, I elect to credit any overtime hours worked to Compensatory Leave.

Employee's Full Signature

NOTE: I may elect to change my option at any future date by presenting a new letter reflecting my decision. All letters will remain in effect until changed by the employee.

M E M O R A N D U M

TO: Payroll Clerk, Garage Department
DATE: 02 January 1991
SUBJECT: Overtime Designation

In accordance with Personnel Rule VIII, Section 2 and 3, dealing with Overtime and Legal Holidays -- Exerpt from Section 2, (a) (3), as follows: "The employee has the sole option, by stating in writing, prior to the time that overtime work is performed, of either accepting overtime pay or compensatory time."

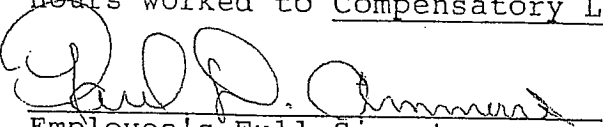
Therefore, in lieu of the above, I understand that I have the option to either accept overtime pay or compensatory time, as I have designated by the placement of my signature on the appropriate line below.

<u>AMMONS</u>	<u>364</u>
(TYPE EMPLOYEE'S LAST NAME)	EMPLOYEE NO.

In accordance with Personnel Rule VIII, I elect to receive pay for any overtime hours worked.

Employee's Full Signature

In accordance with Personnel Rule VIII, I elect to credit any overtime hours worked to Compensatory Leave.



Employee's Full Signature

NOTE: I may elect to change my option at any future date by presenting a new letter reflecting my decision. All letters will remain in effect until changed by the employee.

STATEMENT

PAGE : 1

JAMES D MCRAE, MD
 MEDFIRST NORMANDIE DRIVE
 2000 NORMANDIE DRIVE
 MONTGOMERY, ALABAMA 36111

09/30/86

PHONE: 205-288-1405

TAX ID: 611049816

PAUL D AMMONS
 1990 JOHNSON STREET
 MONTGOMERY, AL 36110

R.F. NO: 00031468

PATIENT NAME: PAUL D AMMONS
 PATIENT NO.: 00000786

PHYSICIAN: JAMES D MCRAE MD

ICDA CODE	DATE MO DAY YR	PL.OF SERV.	PROC. CODE	CPT CODE	PROCEDURE DESCRIPTION	CHARGES OR CREDITS (CR)
216	09/30/86	3	00201		CASH PAYMENT	5.00CR
216	09/30/86	3	90060	90060	EXAM,INTERMED RETURN	30.00

CURRENT BALANCE----->

25.00

YOUR YEAR-TO-DATE PAYMENTS ARE:

\$5.00

Mail To:

COLONIAL
LIFE & ACCIDENT INSURANCE COMPANY
Post Office Box 1345
Columbia, South Carolina 29202

1-800-325-2467
Toll Free Claims Number
SIDE I

CLAIM FORM

Has a Claim been filed before for this loss? ☐ Yes ☒ No

A

- Policyholder
1. Name first PAUL middle D last Ammons Social Security Number 424-24-4709
Street Box 66 K Home phone (205) 567-9695
City WETUMKA State AL Zip 36092 Date of Birth 07/08/44
Policy Number _____ ☒ male ☐ female
☒ check here if new address
4. Injured/sick person first PAUL middle D last Ammons Date of Birth 07/08/44 Age 23
5. This person is your SELF (example self, wife, son, etc.) ☒ male ☐ female
6. This claim is filled ☐ Hospital Income ☒ Accident policy ☐ Intensive Care ☐ Other
under your: ☐ Sickness Policy ☐ Cancer If claim is being filed for cancer enclose pathology report.

B

7. What sickness or injury are you claiming? BURST & PUNCTURE TO RIGHT EYE
8. List all doctors that have treated you for this condition: Name/Address DR J A SCARIS, TAYLOR, ROAD
SUITE 10, MONTGOMERY, AL Phone No. 279-6100
9. Has a doctor treated you in the past for this or a similar condition? NO Date _____
Name _____ Address _____
10. If you were hospitalized: Date admitted N/A Date discharged _____ Name of hospital _____
Address _____ Phone No. _____

IF ACCIDENTAL INJURY:

11. (A) Date injured 6/19/87 (B) Where did it happen? Public Works (C) Time of accident 2:41 ☐ am ☒ pm
12. (D) Tell us exactly how your accident happened Was STRAIGHTENING A LOW BOY TRAILER FRAME and
A piece of hot METAL flew up & hit right eye.
13. (E) ☒ on job ☐ off job (F) Were you working for wage or profit when the accident happened? yes

C

14. Dates unable to work _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
15. Dates confined to your house _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
16. Have you returned to your main (or principal) duties? yes Date returned part-time _____ Date returned full-time 6/22/87

TO BE COMPLETED BY EMPLOYER:

D

17. Dates employee unable to work 6/19/87 ☐ am ☒ pm to 6/22/87 ☒ am ☐ pm
18. Date employee returned to his main (or principal) duties: Date returned part-time _____ Date returned full-time 6/22/87
19. Employee's job title and duties Auto Mechanic-Welder 20. Is Workmans Compensation being filed? Yes
21. Name of company City of Montgomery - Garage Dept. Phone number of Company (205) 241 - 2509
22. Signed Donald R Hayes Date 17 July 87 Title Director

E

Alaska, Delaware, Idaho and Florida residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. (Florida — Felony of the third degree.)

Insured's Authorization

I have checked the above answers and they are correct. I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to Colonial Life & Accident Insurance Company or its legal representative, any and all such information. I UNDERSTAND the information obtained by use of the Authorization will be used by Colonial Life & Accident Insurance Company to determine eligibility for benefits under an existing policy. Any information obtained will not be released by Colonial Life & Accident Insurance Company to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal service in connection with my claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this authorization shall be as valid as the original. I AGREE this Authorization shall be valid for two and one-half years from the date shown below.

Signed this 17th day of JULY, 1987.

Signature of Patient

Signature of Insured

Prattville East Shopping Center
1718 E. Main Street
Prattville, AL 36067
205/361-1447



Vaughn Plaza
2815 East Boulevard
Montgomery, AL 36116
205/271-4545

PHYSICIAN REPORT

Mr. Paul Ammons
Mrs.
Miss
has been under my care from 8-27-87 to present
and is able to return to work/school on 8-31-87

Remarks Viral Gastritis, pt needs to rest

Dr. [Signature] Date 8-27-87
PRI-003 (2/84) ADHS / Montgomery, AL / 272-6781

Prattville East Shopping Center
1718 E. Main Street
Prattville, AL 36067
205/361-1447



Atlanta Highway
4305 Atlanta Highway
Montgomery, AL 36109
205/271-7051

Vaughn Plaza
2815 East Boulevard
Montgomery, AL 36116
205/271-4545

PHYSICIAN REPORT

Mr. Paul Ammons
Mrs.
Miss
has been under my care from _____ to _____
and is able to return to work/school on 3-23-89

Remarks _____

Dr. [Signature] Date 3-21-89



Vaughn Plaza
2815 East Boulevard
Montgomery, AL 36116
205/271-4545

THE

Paul Connor

4-20-88

4-26-88

Remarks

M. M. M.

Date 4-20-88

() CRUTCHES	SM	_____	\$ _____
()	LG	_____	\$ _____
() ACE		_____	\$ _____
() C-COLLAR		_____	\$ _____
() KNEE IMMOB.		_____	\$ _____
() CLAV. SPLINT		_____	\$ _____
() WOUND DRESSING		_____	\$ _____
() WOUND DRAIN		_____	\$ _____
() IODOFORM GAUZE		_____	\$ _____
() KERLIX FLUFF		_____	\$ _____
() ICE PACK		_____	\$ _____
() NG TUBE		_____	\$ _____
() EAR/EYE TRAY		_____	\$ _____
() BURN KIT		_____	\$ _____
() OTHER _____		_____	\$ _____
() _____		_____	\$ _____
TOTAL		_____	\$ _____

Prattville

14617
18514
14688
13326
13327
13328
14007
16463
17519

DIAGNOSIS: Acute myocardial infarction

Physician's Signature _____

TAX I.D. # 630854175



☒ PRATTVILLE EAST SHOPPING CENTER
1718 E. MAIN STREET
PRATTVILLE, ALABAMA 36067

NOTICE TO INSURANCE CARRIERS: This form has been devised to reduce costs. If any additional forms or itemized bills are required they will be completed upon receipt of \$15.00.



Prattville East Shopping Center
1718 E. Main Street
Prattville, AL 36067
205/361-1447

Atlanta Highway
4305 Atlanta Highway
Montgomery, AL 36109
205/271-7051

Vaughn Plaza
2815 East Boulevard
Montgomery, AL 36116
205/271-4545

PHYSICIAN REPORT

Mr. _____
Mrs. _____
Miss _____ Paul Ammons

has been under my care from 1/24/89 to present

and is able to return to work/school on Thursday Jan. 26, 1989

Remarks _____

Dr. [Signature] Date 1/24/89

Certificate to return to work or school

Mr.

Mrs.

Miss

Doug Ammonshas been under my care from 3-5-84 to

and is able to return to work/school on

Remarks May return to work today**DRS. ODOM, McRAE & NICKLES**

2000 NORMANDIE DRIVE

MONTGOMERY, AL 36111

Phone 288-1405Date 3-5-84

Certificate to return to work or school

Mr.

Mrs.

Miss

has been under my care from _____ to _____

and is able to return to work/school on _____

Remarks Excuse from work
Today

Dr.

DRS. ODOM, McRAE & NICKLES

2000 NORMANDIE DRIVE

MONTGOMERY, AL 36111

Address

Phone

288-1405

Date

3-28-84

Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-0 PRINTED IN U.S.A. 200026-1181100 NOVEMBER, 1981

Certificate to return to work or school

Mr.

Mrs.

Ms.

has been under my care from 4-7-87 to _____and is able to return to work/school on Wed 4-8-87

Remarks _____

Dr.

Phone

271-4503

Address

4143 Atlanta Hwy

Date

4-7-87

Eli Lilly Industries, Inc. • Carolina, Puerto Rico 00630

A Subsidiary of Eli Lilly and Company • Indianapolis, Indiana 46285

60-CR-0131-2 PRINTED IN USA 600389-38675 MARCH 1986

DATE: 15 August 1989

To: Mr. Paul D. Ammons #364

SUBJECT: Assigned Duty Hours

1. Effective 21 August 1989, you are hereby assigned the following duty hours. You are to report to work no later than 0930 hours, Monday through Friday. You will have a 30-minute lunch/dinner period which will be coordinated with your supervisor. Your duty period ends at 1800.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work plus their work hours.
3. Your assigned duties are Automotive Mechanic-Welder, Heavy Equip. Division. From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following
"They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. Eugene Knox, Jr., your supervisor, will outline your specific duties.

Donald R. Hayes

Donald R. Hayes, Director
Garage Department

Certificate to return to work

Name Paul Ammons
has been under my care from 3/26/92 to 3/26/92
and will be able to return to work on 3/30/92

Nature of illness or injury _____

☐ Restrictions ☐ Light Work

Comments _____

Dr. Scott Naley Phone 567-4447
Address 815 Jackson Trace Rd Wetumpka, AL Date 3-26-92

Please see complete Prescribing Information at the back of this pad.

© 1992, Bristol-Myers Squibb Company, Princeton, New Jersey 08543, U.S.A.

B-F96-2-92

Certificate to Return to School or Work

Name

Paul Ammon

is my patient and has been under my care from

2/26/93

to

_____ and is able to return to work/school on

Remarks: _____

Dr.

Scott Haley

Date

2/26/93

Address

815 Jackson Grace
Wetumpka, AL

Telephone

567-4447

Certificate to return to workName Paul Ammonshas been under my care from 4-3-00 to _____and is able to return to work on 4-10-00

Nature of illness or injury _____

☐ restrictions☐ no restrictions

Comments _____

DR. RONALDO DeJESUS
74186 Tallasse Hwy., Suite B
Wetumpka, AL 36092

Signature _____

Provided as a service by Astra Pharmaceuticals, L.P.

DATE: 13 Sep 1996

TO: Mr. Paul Ammons #364


SUBJECT: Assigned Duty Hours

1. Effective 13 Sept. 1996, you are hereby assigned the following duty hours. You are to report to work no later than 0700 hours, Monday through Friday. You will have a ONE HOUR LUNCH PERIOD, which is to be coordinated with your supervisor. Your duty period ends at 1600 hours.

2. Holidays and weekend overtime may have different working hours. Weekend or holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work, plus their work hours.

3. Your assigned duties are: AUTO MECHANIC-HEAVY EQUIPMENT. From time to time your duty assignment may be changed due to Departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following!....."They are intended to indicate the kinds of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."

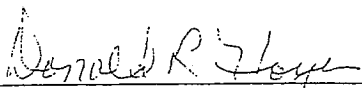
4. Mr. Willie Arthur, your supervisor, will outline your specific duties.


Terry H. Gaddis, Director
City Shops Department

Personnel File
DATE: 29 April 1993

TO: Mr. Paul D. Ammons #364
SUBJECT: Assigned Duty Hours

1. Effective 03 May 1993 you are hereby assigned the following duty hours. You are to report to work no later than 0700 hours, Monday through Friday. You will have a ONE HOUR LUNCH period which is to be coordinated with your supervisor. Your duty period ends at 1600 hours.
2. Holidays and weekend overtime may have different working hours. Weekend or holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work, plus their work hours.
3. Your assigned duties are: AUTO MECHANIC - WELDER - HEAVY EQUIPMENT DIVISION. From time to time your duty assignment may be changed due to Departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following....."They are intended to indicate the kinds of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. Willie J, Arthur, your supervisor, will outline your specific duties.

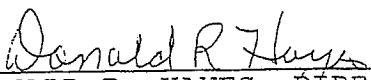

DONALD R. HAYES, DIRECTOR
CITY SHOPS DEPARTMENT

Personnel File

DATE: 29 October 1991

TO: Mr. Paul D. Ammons #364
SUBJECT: Assigned Duty Hours

1. Effective 04 November 1991 you are hereby assigned the following duty hours. You are to report to work no later than 0700 hours, Monday through Friday. You will have a One Hour Lunch period which is to be coordinated with your supervisor. Your duty period ends at 1600 hours.
2. Holidays and weekend overtime may have different working hours. Weekend or holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work, plus their work hours.
3. Your assigned duties are: AUTO MECHANIC - WELDER--HEAVY EQUIPMENT DIVISION. From time to time your duty assignment may be changed due to Departmental requirements. The Class Specification as outline in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following....."They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. Willie J. Arthur, your supervisor, will outline your specific duties.

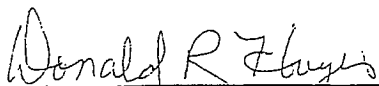

DONALD R. HAYES, DIRECTOR
CITY SHOPS DEPARTMENT

Personnel File

DATE: 19 October 1992

TO: Mr. Paul D. Ammons #364
SUBJECT: Assigned Duty Hours

1. Effective 02 November 1992 you are hereby assigned the following duty hours. You are to report to work no later than 0900 hours, Monday through Friday. You will have a One Hour Lunch period which is to be coordinated with your supervisor. Your duty period ends at 1800 hours.
2. Holidays and weekend overtime may have different working hours. Weekend or holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work, plus their work hours.
3. Your assigned duties are: AUTO MECHANIC - WELDER - HEAVY EQUIPMENT DIVISION. From time to time your duty assignment may be changed due to Departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following....."They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under supervision."
4. Mr. Willie J. Arthur, your supervisor, will outline your specific duties.



DONALD R. HAYES, DIRECTOR
CITY SHOPS DEPARTMENT

Personnel File

DATE: 28 December 1987

TO: Mr. Paul D. Ammons #364

SUBJECT: Assigned Duty Hours

1. Effective 04 January 1988, you are hereby assigned the following duty hours. You are to report to work no later than 0700 hours, Monday through Friday. You will have a 1-hour lunch/dinner period which will be coordinated with your supervisor. Your duty period ends at 1600.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work plus their work hours.
3. Your assigned duties are Automotive Mechanic-Welder, Heavy Equip. Division. From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following
"They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under his supervision.
4. Mr. Eugene Knox, Jr., your supervisor, will outline your specific duties.

Donald R. Hayes

Donald R. Hayes, Director
Garage Department

Per. file

Date 6 August 1985

TO: Mr. Paul D. Ammons #364

SUBJECT: Assigned Duty Hours

1. Effective 12 August 1985, you are hereby assigned the following duty hours. You are to report to work no later than 9:30 a.m. ^{Hour}
Monday through Friday. You will have a 30-minute lunch/
Day Day
dinner period which will be coordinated with your supervisor. Your duty period ends at 6:00 p.m.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work plus their work hours.
3. Your assigned duties are Automotive Mechanic (Welder) - Heavy Equipment
Division. From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following "They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under his supervision."
4. Mr. William C. Coker, your supervisor, will outline your specific duties.

Donald R. Hayes
Donald R. Hayes, Director
Garage Department

Date 11 July 1983To: Mr. Paul D. Ammons #364

Subject: Assigned Duty Hours

1. Effective 19 July 1983, you are hereby assigned the following duty hours. You are to report to work no later than 7.00 a.m. Monday through Friday. You will have a Hour Day Day 30-minute lunch/dinner period which will be coordinated with your supervisor. Your duty periods ends at 3:30 p.m.
2. Holidays and weekend overtime may have different working hours. Weekend and holiday work schedules will be posted near the time clock reflecting the individuals scheduled for work plus their work hours.
3. Your assigned duties are Automotive Mechanic (Welder) -
Day Heavy Equipment Division From time to time your duty assignment may be changed due to departmental requirements. The Class Specification as outlined in the City and County of Montgomery Personnel Rules and Regulations, Rule V states, in part, the following "They are intended to indicate the kind of positions that are allocated to the several classes, as determined by their duties and responsibilities, and shall not be construed as declaring to any extent, or in any way what the duties or responsibilities of any position shall be, or as limiting or in any way modifying the power of any appointing authority or administrative officer to assign, direct and control the work of employees under his supervision."
4. Mr. Thomas G. McGough, your supervisor, will outline your specific duties.

Donald R. Hayes
Donald R. Hayes, Director
Garage Department

MEMO

To: All City Employees

From: F. Tim McCollum *FTM*
City Attorney

Subject: Ethics Code Violations

Date: June 10, 1998

To reiterate - The City of Montgomery's policy towards employee Ethics Code violations is as follows:

"No public official or public employee shall use or cause to be used equipment, facilities, time, materials, human labor, or other public property under his or her discretion or control for the private benefit or business benefit of the public official, public employee, any other person"§36-25-5(c) Code of Alabama, 1975.

Every employee of the City of Montgomery is a "public employee". Every employee is entrusted by the taxpayers of this city with the responsibility of carrying on business beneficial to the taxpayer. If an employee uses city/taxpayer time, equipment, facilities, materials, his or her work time, someone else's work time, or other public property for personal gain, that employee is guilty of violating the above quoted section. Summed up, the employee cannot use any City equipment to make money or gain a personal benefit. Any employee who engages in the activities described above will be subject to severe disciplinary action in addition to any prosecution by the Alabama Ethics Commission.

FTMcC/mwf

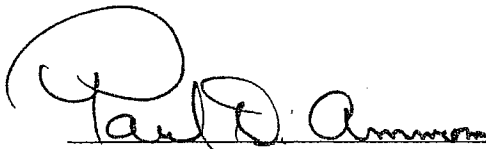
On this the 12 day of June, 1998, I have read the above memorandum and I understand the same.

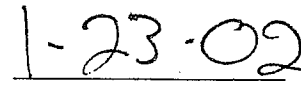
Paul P. Ammons
Employee's Signature

Garage Department

CITY SHOPS DEPARTMENT

This is to acknowledge that I have read and understand the City of Montgomery's
Harassment in the Workplace Policy.


Signature


Date.

22.1

S T A T E M E N T

To: Whom it may concern.

Date: 12-17-01

Subject: Responsibility For Personal Tools

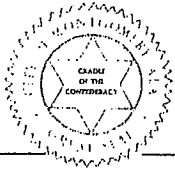
I, Paul D. Ammons, acknowledge permission by the City Shops Director to provide my personal tools to be used in my assigned duties as a employee with the City Shops Department, City of Montgomery.

I furthermore acknowledge that I will be solely responsible for the safekeeping and repair of my personal tool box and tools therein. I understand and agree that the City of Montgomery or any of its representatives shall not bear any responsibility for replacing or paying for personal tool box, tools that are lost, stolen, misplaced, broken or otherwise rendered unusable.

I have voluntarily agreed to furnish my personal tool box and tools and to abide by the aforementioned statement.

Paul D. Ammons
Witness

Paul D. Ammons
Employee



City of Montgomery Alabama

EMORY FOLMAR
Mayor

MONTGOMERY CITY COUNCIL

JOSEPH DICKERSON-Pres.
MRS. ALICE D. REYNOLDS-Pres. Pro tem
E.T. (BUD) CHAMBERS
MARK GILMORE, JR.
LEU HAMMONDS

RICK McBRIDE
RICHARD MONCUS
JOE L. REED
BILLY M. TURNER

9 March 1995

TO WHOM IT MAY CONCERN:

I have known Paul D. Ammons since 19 July 1983, when he came to work for the City Shops Department in the Welding Shop. At that time, I was Paul's immediate Supervisor, and I grew to like and respect Paul because of his pleasant attitude and diligence in completing work assignments.

During the past 12 years that I have known Paul, he has been a hard worker and conscientious individual. His devotion to efficiently completing job assignments and moral values creates an excellent working atmosphere, not only in the Welding Shop, but throughout the City Shops Department.

Paul is a hardworking, responsible young man, and is admired by his coworkers as a person to have as a friend. With the problems that we as parents face in today's society with our children, I believe that if more parents had Paul's attitude and devotion to their children, our children would be better disciplined and responsible persons.

If I can be of further assistance to Paul in this matter, please feel free to contact me at: (334) 241-2514.

Sincerely,

Eugene Knox, Jr.
Assistant Director
City Shops Department

EK:mbs

M E M O R A N D U M

TO: 424844709
PAUL D AMMONS
48 0

FROM: Hugh S. Austin
Dept. of Finance

DATE: 05/31/88

SUBJECT: ADVANCED LEAVE


Several employees have expressed a desire to apply their advanced leave time (this is the time which was advanced when we changed the ending dates of the pay periods) against their annual leave. They would rather get this cleared from their leave records rather than wait until they leave the City. This would be especially beneficial to those employees who lose leave time each year because of the maximum carry-over rule. In this case the advanced leave would be charged against leave which would be lost anyway at the end of the fiscal year.

Your advanced hours balance is 16.0- hours. If you would like to take advantage of this, please sign and date the authorization form on the bottom of this memo.

A U T H O R I Z A T I O N

I hereby authorize the Payroll Division to charge against my annual leave balance the above number of advanced hours.

6-17-88
Date


Signature

M E M O R A N D U M

TO: All Department Personnel

FROM: Mr. Donald R. Hayes, Director
Garage Department

DATE: 18 September 1987

SUBJECT: Sick Leave

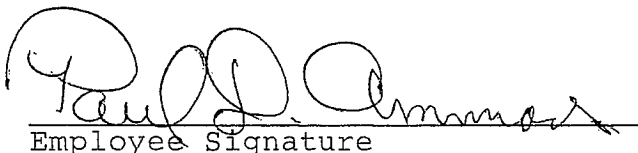
The following Rule VIII, Section 5 - Sick Leave (C), is quoted from the City and County of Montgomery Personnel Department Rules and Regulations:

Sick Leave may be granted only for absence due to personal illness, maternity, legal quarantine, attendance upon members of the immediate family whose illness requires the care of the employee, or death in the immediate family of the employee. Immediate family is hereby defined to include spouse, children, parents, grandparents, parents-in-law, and siblings. Unusually strong ties with other other relatives may be recognized for leave purposes upon written justification by the employee and approval of the appointing authority and/or Personnel Director. An employee claiming sick leave may be required by the appointing authority to file a certificate from a physician stating the kind and nature of sickness or injury, that the employee was incapacitated for work for the period of absence, that the employee is physically unable to perform duties or that the employee has no contagious disease that might jeopardize the health of other employees, or that the employee is required to provide care for an ill family member.

As stated in this rule, an employee claiming sick leave may be required to file a certificate from a physician. This is the KEY PHRASE in the rule. Should you be required or directed to obtain a physician's certificate, the physician must comply with this rule -- state the kind and nature of sickness or injury, etc., etc., as outlined above. The certificate must include the date(s) the employee was absent from work and under the doctor's care. In other words, a mere doctor's stamp, nurse's signature, etc. will not be accepted. It is incumbent upon the employee that this personnel rule be followed to the letter.

NOTE: ALSO SEE GARAGE DEPARTMENT OPERATING INSTRUCTION NO. 6
SUBJECT: LEAVE REQUEST

I Acknowledge receipt and understanding of this memorandum.


Employee Signature

364
Employee #

9-21-87
Date

Paul D. Ammons

YOU MAY WANT TO CARRY THESE INSTRUCTIONS ON YOUR PERSON.

NAME OF EMPLOYEE - (PLEASE PRINT) SOCIAL SECURITY NUMBER

LAST Ammons FIRST Paul MIDDLE INITIAL D | 424-84-4709

YOUR DATE OF BIRTH: MONTH 7 DAY 8 YEAR 64 SEX M DATE EMPLOYED: MONTH 7 DAY 19 YEAR 83 PAYROLL NO., DEPT. OR EMPLOYER MEMBER: 4800 Garage

NAME OF YOUR EMPLOYER OR POLICYHOLDER: City of Montgomery

OCCUPATION OR POSITION: Auto Mech. (welder) INS. CLASS: Montgomery, Montgomery, AL (CITY) (COUNTY) (STATE)

DO YOU HAVE A SPOUSE? ☐ YES ☒ NO HOW MANY ELIGIBLE DEPENDENT CHILDREN? N/A DO YOU DESIRE DEPENDENTS INSURANCE? ☐ YES ☒ NO

DATE OF BIRTH: _____

BENEFICIARY - (PLEASE PRINT) COMPLETE ONLY WHEN PLAN INCLUDES GROUP LIFE AND/OR GROUP ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE. THE RIGHT TO CHANGE THE BENEFICIARY IS RESERVED.

RELATIONSHIP TO EMPLOYEE NAME OF BENEFICIARY - (EXAMPLE: SMITH, MARY W., NOT SMITH, MRS JOHN ASA, NOR SMITH, MRS. J.A.)

LAST Ammons FIRST Jean MIDDLE INITIAL B

ADDRESS OF BENEFICIARY: 3390 Browns Rd Millbrook

SUBJECT TO MY RIGHT TO REVOKE THIS ORDER AT ANY TIME BY WRITTEN NOTICE I HEREBY REQUEST THE INSURANCE FOR WHICH I AM NOW OR MAY BECOME ELIGIBLE UNDER THE GROUP POLICY OR POLICIES ISSUED BY THE TRAVELERS COMPANIES AND HEREBY AUTHORIZE THE DEDUCTION BY MY EMPLOYER FROM MY EARNINGS OF SUCH AMOUNT, IF ANY, AS MAY FROM TIME TO TIME BE DETERMINED AND REQUIRED TO APPLY TOWARD THE PREMIUM FOR SUCH INSURANCE.

19 July 83 DATE CARD IS SIGNED X Paul Ammons SIGNATURE OF EMPLOYEE

I do not desire supplemental life insurance.

THE TRAVELERS COMPANIES GROUP INSURANCE RECORD CARD - GI-43111 REV. 7-73 PRINTED IN U.S.A.

me Ammons Paul D. Dept. 4800

Last Ammons First Paul Middle D.

dress: 3390 Browns Road, Millbrook, AL Zip Code: 36054

rital Status: Single No. of Children: N/A Exemptions: 0

ce: White Sex: Male Telephone No.: 285-4992

te of pay: 513.27 Method of Pay: Bi-wkly Date of Birth: 7/8/64

assification: Auto Mech. 0564 Date Employed: 7/19/83 Social Sec.# 424-84-4709

mporary: _____ Permanent: XXX Spouse's Name: N/A

ther's Maiden Name: _____

ther's Name: _____

Starts to work 19 July 83

APPLICATION FOR EMPLOYMENT

CITY AND COUNTY OF MONTGOMERY

"An Equal Opportunity Employer

PERSONNEL DEPARTMENT

City Hall

Montgomery, Alabama 36192

	Accepted	Rejected
Citz		
Ed.		
Exp		
Res.		
Other		

Title of Position:

*Automotive Mechanic Welder*INSTRUCTIONS:
ALL BLANKS MUST BE
FILLED IN COMPLETELY

Name: (Type or print name)

Mr.

Mrs. PAUL D. AMMONS Race W Age 18

Miss First Middle Last

Address 3390 BROWNS ROAD, MILLBROOK, ALABAMA 36054 Tel. No. 285-4992

House No Street City State Zip

How long have you lived in Alabama immediately prior to date of application 10 2

Are you a U.S. citizen? YES

Date of Birth 7/8/64 Place of Birth ALEXANDRIA, FAIRFAX, VIRGINIA

City County State

PERSONAL DATA: Height 6 ft. 1 in. Weight 180 lbs. What is the condition of your health? excellent

Marital Status: Single ☒ Married ☐ Divorced ☐ Widowed ☐ Number of dependents under 18. 0

Do you have any physical handicaps? no. If so, attach a description to this application. Do you object to having your present employer questioned about your work? no. Have you ever been discharged or forced to resign from a position? no. If so, attach a complete explanation to this application. Have you ever been convicted of any law violation other than a minor traffic violation? no. If so, give name and location of court, date, nature of charge and disposition.

SOCIAL SECURITY NO. 424-84-4709

EDUCATION		Circle Highest Grade you Completed	Date Completed
Grammar and High School		1 2 3 4 5 6 7 8 9 10 11 12	GED /1982
College or University (name of schools)		1 2 3 4 5 6 7	Degrees
	Major		
Business, Trade or Correspondence School	JOHN PATTERSON TECH.	WELDING	5/82 to present
	Courses Studied		
List your professional certificate or license			

List three reliable persons, not relatives or employers, who know you well enough to give information about you:

	Address	Occupation
Ms. France Trott	Browns Road, Millbrook, Ala.	housewife
Mrs. Knapp	Browns Road, Millbrook, Alabama	secretary
Ms. Cheryl Grant	Tallassee, Alabama	Assistant to President

WORK HISTORY

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Give complete information, especially about the kind of work you did. (Use extra sheet if necessary). Applicant must be specific and accurate in stating their experience and training for this position.

EMPLOYMENT RECORD: List all employment

Employment Dates	Occupation and Description of Duties	Employer's Name and Address	Salary Received	Reason For Leaving
FROM 8/82	STOCK CLERK	Winn Dixie/Montgomery	3.45	
TO present				
TOTAL MOS				
FROM 4/81	Welders helper	Gold Kist, Newnan, Georgia	7.00 hr-	job complete
TO 12/81				
TOTAL MOS 8				
FROM				
TO				
TOTAL MOS				
FROM				
TO				
TOTAL MOS				
FROM				
TO				
TOTAL MOS				
FROM				
TO				
TOTAL MOS				
FROM				
TO				
TOTAL MOS				
FROM				
TO				
TOTAL MOS				

6. Show other experience by using additional sheets.

I hereby certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. Any false statement may be cause for denying me the right to examination or employment.

Date 4-1-83

Signature

Paul D. Ammons

FORM 5

Submit in Triplicate

CITY AND COUNTY OF MONTGOMERY
PERSONNEL DEPARTMENT
PERSONNEL REQUISITION, CERTIFICATION, AND APPOINTMENT

REQUISITION

To: Personnel Department

Date June 22, 1983

Please certify the names of persons eligible for the following position:

Title	Compensation	Temporary	Permanent
-------	--------------	-----------	-----------

Automotive Mechanic Welder	\$13,345	
	\$513,27	

(xx) Replacement of William C. Jeffries

() New Position

Date _____	Signature _____	Appointing Authority
------------	-----------------	----------------------

Funds are available _____	Disbursing Officer <u>Pugh & Austin</u>	Date <u>JUL 8 1983</u>
---------------------------	---	------------------------

CERTIFICATION TO:

Garage & Shops

In response to your request, the names of the following persons who are eligible for appointment are hereby certified. In making appointments, it is advisable, though not essential, that you interview all eligible persons certified.

Name	Address	Phone	Age	Grade
------	---------	-------	-----	-------

APPOINTMENT

TO: Personnel Department

From <u>Garage</u>	Department
--------------------	------------

From the certification above, the following person has been appointed:

Name	Effective Date	Temporary	Permanent
Paul D. Ammons	July 19, 1983		XXX

Appointed by <u>Emory Tolmar</u>	Date <u>JUL 11 1983</u>
----------------------------------	-------------------------

Appointing Authority

<u>Donald R. Hayes</u> Department Head	Date <u>July 8, 1983</u>
---	--------------------------

Approved by <u>[Signature]</u>	Date <u>7/11/83</u>
--------------------------------	---------------------

Personnel Director

CHECKLIST FOR PROCESSING NEW EMPLOYEE

☒ CONFIDENTIAL EMPLOYEE HISTORY FOLDER
☒ COPY OF JOB DESCRIPTION
☒ ASSIGNED DUTY HOURS FORM
☒ ASSIGN TIME CARD (USE RADIO CALL/TOOL CHIT NUMBER)
☒ (1) LOCATOR CARD*
☒ 2 3 x 5 CARDS (1 FOR ALPHABETICAL CARD FILE, 1 FOR MERIT INCREASE FILE)
☒ (1) W-4 FEDERAL TAX FORM*
☒ (1) A-4 STATE TAX FORM*
☒ (1) TRAVELER'S SUPPLEMENTAL INSURANCE CARD (YELLOW)
☒ (1) RETIREMENT MEMBERSHIP FORM
☒ (1) PASS TO CITY LOT (NIGHT-DAY PHONE NUMBER)
☒ (1) BLUE CROSS HOSPITALIZATION APPLICATION CARD (WHITE)
☒ (1) EMPLOYEE ACTIVITY CARD (BLUE)
☒ (1) BLUE CROSS BENEFITS BOOKLET
☐ N/A DRIVERS LICENSE NUMBER _____ EXPIRATION DATE _____
☒ EMPLOYEE READS OPERATING INSTRUCTIONS AND SIGN OI CARD
☒ CLOTHING SIZES: PANTS: W 30 L 34; SHIRTS: Med Long
☒ PERSONNEL HISTORY FORM
☐ PAYROLL COMPUTER NEW HIRE INPUT FORMS
☐ PAYROLL COMPUTER INSURANCE HISTORY FORM
☐ N/A ADMINISTRATIVE OFFICE WILL CONTACT SAFETY SUPERVISOR AT EXT. 368 FOR EMPLOYEE TO BE SCHEDULED FOR CITY DRIVER'S LICENSE
☒ EMPLOYEE IDENTIFICATION CARD FOR FUEL SYSTEM

Ammons, Paul D. Auto Mech. (welder) 7-19-83
NAME POSITION DATE PROCESSED

*Make 1 photocopy of each and place in Personnel Folder

PRESE

First

MI

MI
285-4912

SSAN: 424-84-4709

D.O.B. : 8
Day

July 64
Month Yr.

Emergency Notification:

Jean Ammons

Address 3390 J. Edgar Hoover Blvd. Phone # 865-4112

Drivers License Expires: N/A

Merit Date 7-18-84

Pay Rate as of 7-19-83 Annual 13,345 Bi-weekly 513.27 Hourly 6.41

27 SEP 83	13,879	533.80	6.67
-----------	--------	--------	------

[illegible]

11 11 11 11

_____ 11 _____ 11 _____ 11 _____

_____ 11 _____

[illegible]

Date of Employment: 19 July 83
Day Month Yr.

Position: Auto meech
(welder)

Date Promoted: _____
 " " " " " "

Position: _____
" _____

DISCIPLINARY ACTIONS

Date: _____ Nature: _____ For: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

DATA FOR PAY ROLL

H

1. NAME: Ammons, Paul D
2. SOCIAL SECURITY NO. 424 84 4409
3. HOME PHONE NO. 205 262-1542
4. SPOUSE'S NAME: _____
5. FATHER'S NAME: Joe Ammons
6. MOTHER'S MAIDEN NAME: Jean Henner
7. WORK ASSIGNMENT: Auto Mech-Welder DATE: 04-19-83
8. DIVISION: HE
9. SHIFT: 0930-1800
10. DATE OF LAST PHYSICAL _____
11. HEIGHT: FEET 6 INCHES 1 WEIGHT: POUNDS 205
12. BLOOD TYPE O+

IN CASE OF EMERGENCY, NOTIFY:

1. NAME Gwen Erickson RELATIONSHIP S
 PHONE # 205-2854992
 OTHER # 205-5642620
2. NAME Brenda Felds RELATIONSHIP S
 PHONE # 205-2818282
 OTHER # _____

RELATIONSHIP CODES:

CODE	DESCRIPTION
A	AUNT
B	BROTHER
C	CHILD
F	FATHER
G	GUARDIAN
H	HUSBAND
M	MOTHER
O	OTHER
S	SISTER
U	UNCLE
W	WIFE

Form **W-4**

(Rev. October 1979)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

Print your full name ▶ Paul D. Ammons Your social security number ▶ 424 84 4709
 Address (including ZIP code) ▶ 3390 Brown Road, Millbrook, AL 36054

Marital status: ☒ Single ☐ Married ☐ Married, but withhold at higher Single rate

Note: If married, but legally separated, or spouse is a nonresident alien, check the single block.

- 1 Total number of allowances you are claiming (from line F of the worksheet on page 2) 0
 2 Additional amount, if any, you want deducted from each pay (if your employer agrees) \$
 3 I claim exemption from withholding because (see instructions and check boxes below that apply):
 a ☐ Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND
 b ☐ This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both
 a and b apply, enter "EXEMPT" here
 c If you entered "EXEMPT" on line 3b, are you a full-time student? ☐ Yes ☐ No

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ▶ Paul Ammons Date ▶ July 19, 1983
 Employer's name and address (including ZIP code) (FOR EMPLOYER'S USE ONLY) Employer identification number

Detach along this line

FORM A-4

STATE DEPARTMENT OF REVENUE - MONTGOMERY, ALABAMA 36130

EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Full Name Paul D. Ammons Social Security No. 424-84-4709
 Home Address 3390 Browns Rd city Millbrook State AL Zip Code 36054

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold Alabama income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. IF YOU ARE SINGLE, \$1500 personal exemption is allowed.
 (a) if you claim full personal exemption (\$1500) write letter "S"
 (b) if you claim no personal exemption write figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3.) 0
2. IF YOU ARE MARRIED, \$3000 personal exemption is allowed for husband and wife.
 (a) if you claim exemption for both spouses (\$3000) write letter "M"
 (b) if you claim exemption for yourself only (\$1500) write letter "S"
 (c) if you claim no personal exemption write figure "0" (See note under 1 (b).) 0
3. If during the year you will provide more than one-half of the support of persons closely related to you (other than spouse) write the number of such dependents. (See instructions on other side.)
4. THIS LINE TO BE COMPLETED BY EMPLOYER:
 TOTAL EXEMPTIONS (Example: Employee claims "S" on Line 2 and "1" on Line 3. Employer should use column headed S-1 in Withholding Tables.)

I certify that the withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled.

Date July 19 19 83 Signed Paul Ammons